

DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS

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December 7, 2007

The Honorable Jim Beall, Jr.
California State Assembly
State Capitol
Sacramento, California 95814

Dear Assembly Member Beall:

Thank you for the opportunity to address questions posed by the members of the Assembly Select Committee on Alcohol and Drug Abuse. It is our sincere hope that the answers we have provided below will address issues raised by the Committee and help inform the Committee on any next steps.

PRENATAL SCREENING AND ASSESSMENT

On August 24, 2007, members of the Committee requested information regarding the status of prenatal screening and assessment in California. On November 15, 2007, the Committee provided further questions to assist the Department of Alcohol Drug Programs (ADP) in gathering the desired information. Those questions and answers are below:

Question: What are the current reporting requirements the State is mandated to compile? For example, State Department of Public Health (DPH) is mandated to provide an annual report on total number of prenatal substance exposed births. What other reporting requirements are mandated? Are these documents available to the Committee?

Answer: ADP is not mandated to report on substance exposed births, and does not collect data on substance exposed births. ADP administers alcohol and other drug (AOD) prevention, treatment and recovery services. The Office of Women's and Perinatal Services (OWPS) was created to expand non-medical perinatal treatment programs for pregnant and parenting women. These AOD programs provide transportation to and from prenatal appointments, but do not provide prenatal or medical care.

Welfare and Institutions Code Section 14148.91(b) requires DPH to report the following:

- The number of newborn babies screened or diagnosed with Fetal Alcohol Syndrome.
- The number of babies born with drug dependencies, HIV infection, and sexually transmitted diseases.
- Whether the mother smoked, consumed alcoholic beverages, or used controlled substances without a prescription during pregnancy.

According to DPH, Fetal Alcohol Syndrome (FAS) and Fetal Alcohol Spectrum Disorder (FASD) are more accurately diagnosed later than the newborn period. Identification of FAS in newborns would only capture the most severe cases on the spectrum, and not all cases of full-blown FAS are detected at birth. Sources of FAS data on newborns might include the California Birth Defects Monitoring Program and hospital discharge data. However, it is believed this data will underestimate the problem and the application of this data should be used with caution:

FAS or FASD are not typically suspected until developmental delays are observed. Recommended diagnostic criteria are poorly understood and inconsistently applied. Biases can exist which can



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affect the populations suspected and screened for FASD. Consequently, rates can convey misinformation.

There is currently not adequate individual level data available which would provide information on prenatal exposure to alcohol or controlled substances. Nineteen local health jurisdictions in California have purchased a prenatal substance exposure program developed by Dr. Chasnoff at NTI Upstream. The program is fairly new and has not yet provided adequate data for analysis. The Maternal Infant Health Assessment (MIHA) survey inquires about first and third trimester use of alcohol as well as binge drinking anytime during the pregnancy. Therefore, MIHA can only capture alcohol-related information, not information on the use of other drugs.

Question: What interagency bodies, if any, are examining strategies to address prenatal screening and assessment? Currently, ADP, DDS, SSA and DPH are all involved in issues relevant to prenatal screenings and assessments for the impact of substance abuse. Is there any forum in which these issues are addressed across agency lines?

Answer: The State Interagency Team (SIT) for Children and Youth was established in 2003 to coordinate policy, services and strategies for children, youth, and families in California. Comprised of deputy directors from ten state agencies, this group provides leadership and guidance to facilitate local system improvements. State agencies represented on the SIT include the Departments of Social Services (DSS), Education (CDE), Public Health (DPH), Mental Health (DMH), Alcohol and Drug Programs (ADP), Developmental Services (DDS), and Employment Development (EDD), as well as the Attorney General's Office, the California Children and Families Commission, and the Workforce Investment Board.

The SIT has seven goals which are addressed through work groups. The goals are:

- Increase the utilization of mental health services.
- Decrease racial disproportionality and disparities in outcomes.
- Provide needed services to children placed out of county.
- Improve access to high wage, high growth training for young adults and family members.
- Strengthen program and services (AOD Work Group).
- Share aggregate data for accountability reporting.
- Share client specific information to improve services.

The SIT AOD work group has been charged with strengthening services for children, youth, and families where there is a nexus between AOD use and child safety, education, workforce readiness and success, maternal/child health, and mental health.

The work group developed a non-scientific survey to gain qualitative information to inform interdepartmental collaboration and to ascertain whether screening takes place within each department's system, effective and ineffective screening processes, and barriers to screening within each department. The survey focused on parents, potential parents, and youth. Through this survey process, the goal of SIT was to discover information that can be shared within systems and find opportunities for partnership that would address common challenges and leverage resources.

The survey results illustrated the following common barriers to AOD screening:

- A lack of uniform standards for the screening of AOD use, including benchmarks and outcomes.
- Variation in the tools used to screen.
- Inconsistent presence of written policies for screening, referral and tracking of referrals.
- Variation in the definitions of screening and assessment.
- Variation in how youth populations are defined. For example, one county defined youth as 12 to 21 years old and another county defined youth as 10 to 21 years old.

- Differences in practice among agencies within the same county.

The AOD workgroup developed the following recommendations in August 2007 for further action:

- Develop common definitions for terms such as screening and assessment to improve communication and evaluation.
- Actively support and engage CDE's Student Assistance Programs (SAPs).
- Encourage and facilitate collaboration and partnering among local systems to broaden the use of SAPs.
- Promote the use of standardized, validated screening and assessment tools throughout all agencies.
- Request the County Welfare Directors Association (CWDA), the County Alcohol and Drug Program Administrators Association of California (CADPAAC), the Maternal, Child, and Adolescent Health (MCAH) County Directors Association, the County Mental Health Directors Association, the Chief Probation Officers of California (CPOC), and the courts to convene an annual meeting to highlight county level collaborations that have improved outcomes for clients with AOD issues.
- Include an AOD screening workshop at the CalWORKS Summit.
- Explore the potential for accessing Mental Health Services Act – Prevention and Early Intervention Initiative funds to raise awareness of the importance of AOD screening.
- Include a Partner Workshop in the ADP Conference to promote the services provided by other agencies to address AOD.

The SIT AOD Work Group is in the process of implementing the recommendations. Each agency's Deputy on the SIT made a commitment to ensure implementation, which can be done administratively.

Question: How much does the State allocate to prenatal screening and assessments as it relates to substance abuse and how many children are served?

Answer: As described in the answer to the first question, above, ADP does not provide or allocate funds for prenatal screening. Women who seek AOD treatment services have either self-identified or have been identified as needing treatment services through a variety of community referral services.

Questions: Finally, the Committee requested ADP to research whether First 5 California provides funding for these types of screenings, and whether it has any data on what county commissions allocate from their funding. Additionally, does ADP have any information about the Commission's allocations related to ADP's substance abuse mandates?

Answer: Kris Perry, Executive Director, First 5 California, provided testimony to the Committee on November 1, 2007. The First 5 California Office of Legislation and Government Affairs requested that further Committee inquiries regarding First 5 California funding be handled directly through their office.

ADP encourages county alcohol and drug program administrators and other local stakeholders to work at the county level with First 5 California and with other agencies that may provide AOD related services.

SCREENING AND BRIEF INTERVENTION, REFERRAL, AND TREATMENT

At the August 24, 2007 hearing, Committee members inquired about the plans in California and other states to implement recent rule changes by the United States Centers for Medicare and Medicaid Services (CMMS). On November 15, 2007, Committee staff requested further information regarding

screening and brief intervention, referral, and treatment (SBIRT) programs. Those questions and answers are below:

Question: What is California's progress in implementing the Centers for Medicare and Medicaid Services (CMS) rules on screening, as well as other states' implementation status?

Answer: Effective January 2007, CMS approved billing codes for screening and brief intervention (SBI) services. Each state must individually decide if they will add these codes to their state system. These services would be provided to the general Medi-Cal population, not those needing AOD treatment services, and are under the jurisdiction of the Single State Agency for Medicaid services, the Department of Health Care Services (DHCS). DHCS is considering adding these codes to California's Medi-Cal system; ADP supports this effort and has been providing information regarding the effectiveness of SBI services to DHCS.

With regard to other states, ADP has been informed that the Substance Abuse and Mental Health Services Administration (SAMHSA) is compiling a comprehensive report on the status of the code activation nationwide. This report may be available in four to six weeks.

Question: California is a recipient of SAMSHA SBIRT funds. The Select Committee would like ADP to provide a written status report regarding how SBIRT funds are utilized. Specifically, how much money do we receive, funding requirements and restrictions and how is California using the funds to expand and enhance State substance abuse treatment service systems?

Answer: SBIRT enhances the alcohol or other drugs (AOD) service system by identifying individuals at risk of AOD problems and intervening prior to the need for specialized treatment services. While the AOD service system traditionally provides prevention and treatment services, SBIRT is a strategy that bridges prevention and treatment. The services provided include universal screening for AOD risk identification, brief intervention for those patients identified at moderate risk, brief treatment for those at high risk, and referral for specialized AOD treatment for severe risk patients.

The primary focus of SBIRT is the screening of all individuals at a health care facility to identify patients who are at "moderate-risk" to "high-risk" of developing a substance abuse disorder or dependence. SBIRT services are directed at non-dependent users. The majority of individuals who are screened receive a score indicating that they are at "no-risk" or "low-risk" for AOD dependency, and, consequently, do not need the brief intervention component.

The California Screening, Brief Intervention, Referral, and Treatment (CASBIRT) project is funded by the SAMHSA Center for Substance Abuse Treatment (CSAT). ADP contracts with San Diego County, Alcohol and Drug Services, which subcontracts with the San Diego State University Research Foundation (SDSURF) to provide SBIRT services. The SAMHSA grant provides \$3.4 million a year for five years to reduce substance use of non-dependent adult users through screening, brief intervention, and brief treatment. The federal grant period will end in September, 2008; however, ADP expects approval from SAMHSA for a one-year no-cost extension to continue the project until September 2009.

Allowable costs for this funding include: screening for substance use disorders; brief interventions (1 to 5 sessions); brief treatment (up to 12 sessions); and referral to AOD treatment when indicated for those who are identified as needing specialized AOD treatment services.

In San Diego County, bilingual Health Educators provide SBIRT services in emergency departments, trauma centers, and primary care clinics using the Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST) to assess an individual's risk for developing substance use problems. Once an individual has been screened, the Health Educator provides an appropriate intervention

based on the risk level as indicated by the ASSIST score. Patients with "no risk" or "low-risk" receive an immediate brief education session designed to acknowledge and reinforce the patient's healthy use of alcohol and abstinence from drugs. A patient whose ASSIST score shows that he/she is "at risk" for a substance abuse disorder is provided with an immediate brief intervention session.

If a patient's ASSIST score indicates that he/she is at "high-risk", the Health Educator provides an immediate brief intervention session and schedules the patient for a brief treatment appointment. Only patients who receive a score that classifies them as severe risk are referred to AOD treatment by the Health Educator, who also assists them in accessing treatment for their addiction. CASBIRT data indicate that of 189,998 patients screened to date, only 1.7 percent were identified as "high-risk" and referred to AOD treatment.

ADDITIONAL QUESTIONS

Question: What is the annual budget allocation and actual annual expenditures for Licensing and Certification Division (LCD) for the past three fiscal years? And, what is the current year budget for LCD?

In Fiscal Year (FY) 2004-05, the budget allocation for the Department of Alcohol and Drug Programs' (ADP) Licensing and Certification Division (LCD) was \$7.4 million of which \$6.9 million was expended. In FY 2005-06, LCD's budget allocation was \$7 million of which \$6.8 million was expended. In FY 2006-07, LCD's budget was \$7.3 million of which \$6.4 million was expended. LCD's budget for FY 2007-08, is \$9.6 million.

Question: During the August 24, 2007, hearing Assembly Member Calderon asked ADP to inform the Committee on their strategy to get more funding for youth programs. Specifically, what is the Administration doing to prioritize and get more funding for youth even if you have to shift from other existing programs?

Answer: ADP applied for and, in October 2007, was awarded a three-year, \$14.5 million federal grant to support substance abuse treatment for youth ages 12 to 20. The grant, which is part of President Bush's Access to Recovery program, is intended to expand California's existing program in Los Angeles and Sacramento to include three northern California Counties and to focus on methamphetamine abuse. The grant funds of approximately \$4.8 million per year will serve nearly 7,000 youth over the next three years.

CONCLUSION

I would like to thank the members of the Assembly Select Committee on Alcohol and Drug Abuse for their continued attention to the issue of substance abuse in California. It is vitally important that California encourage early intervention programs for those at risk of substance abuse and continued support for children whose parents suffer from alcoholism and drug addiction. I hope that we can continue to work together in this important endeavor. Please feel free to contact Richard Woonacott, Deputy Director, Office of Legislative and External Affairs at (916) 322-1654 or myself if you have any further questions.

Sincerely,



The Honorable Jim Beall, Jr.
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